



P.O. Box 52269 – 00100 GPO
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PLEASE ATTACH A
 COLOUR PASSPORT SIZE
 PHOTOGRAPH

APPLICATION FOR ADMISSION

Please complete all sections of this form in **FULL** using **BLOCK CAPITALS** and submit together with:

1. **Copy of Birth Certificate / Passport of the student**
2. **Copy of a School Leaving Certificate / Recommendation Letter**
3. **A Non-Refundable Admission Fee as given in the fees schedule / Assessment Report**
4. **Academic School Report from previous school**
5. **Two passport size photos**

All placements are subject to the submission/verification of all required documentation and payments, final acceptance will be indicated by a letter from head teacher specifying the expected date of enrollment.

A. Student Information	
SURNAME/FAMILY NAME:	NATIONALITY:
FIRST/MIDDLE NAME (S):	SEX (TICK) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME BY WHICH THE STUDENT WISHES TO BE CALLED:	RESIDENTIAL ADDRESS:
DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____	
FIRST LANGUAGE (LANGUAGE SPOKEN AT HOME):	OTHER LANGUAGES SPOKEN:
ENGLISH PROFICIENCY: SPOKEN: <input type="checkbox"/> FLUENT <input type="checkbox"/> DEVELOPING <input type="checkbox"/> BEGINNER WRITTEN: <input type="checkbox"/> FLUENT <input type="checkbox"/> DEVELOPING <input type="checkbox"/> BEGINNER	

B. Parent / Guardian / Family Information	
FATHER (OR IF GUARDIAN RELATIONSHIP TO THE CHILD): PLEASE INDICATE WHICH ADULT SHOULD BE THE FIRST POINT OF CONTACT	
SURNAME/FAMILY NAME:	OTHER NAMES:
PERSONAL POSTAL ADDRESS:	
RESIDENTIAL ADDRESS (IF DIFFERENT FROM ABOVE):	
HOME TELEPHONE:	WORK TELEPHONE:
MOBILE TELEPHONE:	OCCUPATION:
EMAIL ADDRESS:	
NAME AND ADDRESS OF EMPLOYER:	
MOTHER (OR IF GUARDIAN STATE RELATIONSHIP TO THE CHILD):	
SURNAME/FAMILY NAME:	OTHER NAMES:
PERSONAL POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):	
PERSONAL RESIDENTIAL ADDRESS (IF DIFFERENT FROM ABOVE):	
HOME TELEPHONE:	WORK TELEPHONE:
MOBILE TELEPHONE:	OCCUPATION:

EMAIL ADDRESS:
NAME AND ADDRESS OF EMPLOYER:
ARE THERE, OR HAVE THERE BEEN, ANY BROTHERS OR SISTERS ENROLLED AT KCCL? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE INDICATE THEIR FULL NAMES AND THE SCHOOL THEY WERE/ARE ATTENDING (FILE NO. IF KNOWN)

C. Additional Adult Contact In The Event of an Emergency

FULL NAME:	EMAIL ADDRESS:
RELATIONSHIP TO STUDENT:	HOME TELEPHONE:
MOBILE TELEPHONE:	WORK TELEPHONE:

D. Educational Information

CLASS TO WHICH ENTRY IS REQUESTED:	PROPOSED DATE OF ENTRY: DAY _____ MONTH _____ YEAR _____
NAME AND ADDRESS OF PREVIOUS SCHOOL:	
NAME OF THE HEADTEACHER OF THE PREVIOUS SCHOOL:	
STATE ANY KNOWN SPECIAL LEARNING OR BEHAVIOURAL REQUIREMENTS AND THE NATURE OF DIFFICULTY AND ATTACH ANY RELEVANT REPORTS (CONTINUE ON SEPARATE SHEET IF NECESSARY):	
DATE OF THE MOST RECENT EDUCATIONAL PLAN (IEP)? _____	
EXAMINER: _____	ADDRESS: _____
DATE OF MOST RECENT LANGUAGE THERAPY: _____ EXAMINER: _____	
ADDRESS: _____ PHONE: _____	
DOES STUDENT HAVE A CURRENT INDIVIDUALIZED EDUCATION PLAN (IEP)? _____	
IS THE STUDENT CURRENTLY RECEIVING EDUCATIONAL SUPPORT? _____	
IN CURRENT SCHOOL? _____	INDIVIDUALIZED? _____
SMALL GROUP? _____	PRIVATE? _____
NAME (S) OF EDUCATION SUPPORT PROVIDER (S): _____	
IS THE STUDENT CURRENTLY RECEIVING LANGUAGE THERAPY?: _____	
PLEASE DESCRIBE SCHEDULE OF THERAPY: _____	
SUBJECTS OF THERAPY: _____	
NAME OF THERAPIST: _____	PHONE: _____
IS THE STUDENT RECEIVING OCCUPATIONAL THERAPY? _____	
PLEASE DESCRIBE SCHEDULE OF THERAPY: _____	
NAME OF THERAPIST: _____	PHONE: _____

E.

Medical Information

DOES THE STUDENT SUFFER FROM ANY EXISTING MEDICAL CONDITION? IF YES, PLEASE PROVIDE DETAILS AND ATTACH ANY RELEVANT MEDICAL REPORTS.	
ARE THERE ANY MEDICAL RESTRICTIONS IMPOSED UPON THE STUDENT'S ABILITY TO PARTICIPATE FULLY IN PHYSICAL ACTIVITIES? IF YES, PLEASE PROVIDE DETAILS AND ATTACH ANY RELEVANT MEDICAL REPORTS.	
DOES THE STUDENT SUFFER FROM ANY ALLERGIES, EITHER GENERAL OR SPECIFIC (FOOD, MEDICINE ETC) IF YES, PLEASE STATE CLEARLY.	
IS THERE ANYTHING IN THE STUDENT'S MEDICAL HISTORY THAT THE SCHOOL SHOULD BE AWARE OF? IF YES, STATE CLEARLY.	
NAME OF FAMILY DOCTOR:	
CONTACT DETAILS:	
DETAILS OF ANY EXISTING MEDICAL COVER (IF RELEVANT, PLEASE INCLUDE SERVICE PROVIDER AND MEMBERSHIP NUMBER)	
IS THERE ANY SECURITY OR CHILD WELFARE CONCERNS OF WHICH THE SCHOOL SHOULD BE AWARE?	

F.

School Service Requirements

SCHOOL LUNCH*: DOES THE STUDENT REQUIRE SCHOOL LUNCH? YES <input type="checkbox"/> NO <input type="checkbox"/> VEGETARIAN <input type="checkbox"/> NON-VEGETARIAN	
PLEASE STATE IF THE STUDENT HAS ANY SPECIFIC DIETARY REQUIREMENTS:	
SCHOOL TRANSPORT: DOES THE STUDENT REQUIRE TRANSPORTATION ON:	
SCHOOL BUS: <input type="checkbox"/> ONE WAY <input type="checkbox"/> RETURN (BOTH WAYS)	DOOR-TO-DOOR SERVICE: <input type="checkbox"/> ONE WAY <input type="checkbox"/> RETURN (Special Charges Apply)
SCHOOL THERAPY *: DOES THE STUDENT REQUIRE THERAPY?: <input type="checkbox"/> OCCUPATIONAL / SENSORY INTEGRATION <input type="checkbox"/> PHYSIOTHERAPY	

G.

General Questions

WE ARE INTERESTED IN THE ALTERNATIVE EDUCATIONAL PROGRAM AVAILABLE FOR STUDENTS WITH LEARNING DISABILITIES AT KCCL AT THIS TIME. PLEASE STATE BRIEFLY WHY YOU THINK KCCL MIGHT BE A GOOD SCHOOL FOR YOUR CHILD. _____

H.

Payment Information

IF PAYMENT IS TO BE MADE BY THE PARENT (S) OR GUARDIAN (S), PLEASE SIGN BELOW:

NAME IN BLOCK CAPITALS: _____ SIGNATURE: _____

NAME IN BLOCK CAPITALS: _____ SIGNATURE: _____

IF PAYMENT IS TO BE MADE BY AN EMPLOYER, COMPANY, SPONSOR OR THIRD PARTY, PLEASE ENSURE THE UNDERTAKING IS COMPLETED BY THE AUTHORISED STAFF, SIGNED AND STAMPED BELOW:

WE, (NAME OF EMPLOYER, COMPANY, SPONSOR OR THIRD PARTY) _____
UNDERTAKE TO SPONSOR AND PAY SCHOOL FEES, SERVICE FEES, MISCELLANEOUS EXPENSES AND PENALTIES FOR (NAME OF STUDENT)
_____ AT (NAME OF SCHOOL) _____

OUR UNDERTAKING IS LIMITED TO _____ % (PER CENT) AND EXCLUDES _____

WE CONFIRM THAT WE HAVE READ AND UNDERSTOOD THE TERMS OF PAYMENT ON THE APPLICATION FOR ADMISSION FORM AND SHALL COMPLY WITH THE SAID TERMS. THE SCHOOL IS AT LIBERTY TO PURSUE AND CONTACT US OVER THIS UNDERTAKING, PAYMENT OF THE UNDERTAKEN SCHOOL FEES, SERVICE FEES, MISCELLANEOUS EXPENSES AND PENALTIES. WE UNDERTAKE TO GIVE THE SCHOOL THREE MONTHS' NOTICE, IN WRITING, OF ANY CHANGE IN THE STATUS OF THE EMPLOYEE THAT AFFECTS THIS AGREEMENT EITHER DIRECTLY OR INDIRECTLY.

NAME AND DESIGNATION (IN BLOCK CAPITALS) _____

SIGNATURE: _____ DATE: _____

EMAIL ADDRESS: _____ PHONE NO. _____

PLEASE AFFIX EMPLOYER/COMPANY/SPONSOR/THIRD PARTY STAMP AND/OR SEAL WHERE APPLICABLE.

I. Contractual Terms and Conditions

PLEASE READ THE FOLLOWING TERMS AND CONDITIONS CAREFULLY. THE BENEFICIARY OF THIS APPLICATION FOR ADMISSION IS REFERRED TO AS "THE STUDENT" THROUGHOUT.

1. Enrollment

- 1.1. The completion, signing and submission of this Application Form confirms a parent/guardian's intention to enroll the Student in the School on the date specified in the head teacher's letter of a place.
- 1.2. At the point of acceptance, an admission fee of Ksh. 10, 000 becomes payable immediately to secure the student's place at the School.

2. Attendance

- 2.1. A letter of explanation is required in cases of absence from School or non-attendance at lessons/classes. In case of illness, a doctor's note will be required specifying the medical reason for absence or non-attendance.
- 2.2. All students, irrespective of age, are required to abide by the School Rules and published Code of Conduct. The Headteacher has the authority to suspend and/or expel any student from the school if, at his/her discretion and judgment, after corrective measures have been exhausted, should these be appropriate, and after fair procedure, it appears to him/her appropriate to do so. The Headteacher's decision in such cases must be accepted as final.
- 2.3. The School Rules and Code of Conduct may be varied from time to time at the discretion of the Headteacher. Any major/significant variation will be specifically drawn to the attention of the parents in writing.
- 2.4. The parents undertake to make themselves aware of, and to comply with, the rules and policies of the school and to encourage their child to comply with school rules and policies and to abide by the home-school agreement.
- 2.5. The School reserves the right to remove a child from the school due to conduct or behavior of that child's parents where such behavior has a negative impact on the learning environment, subject to fair procedure and due considerations.

3. Withdrawal

- 3.1. One full school term's notice of withdrawal shall be required in writing if a student is to be withdrawn from school; such notice shall be communicated directly to the Head teacher in writing. Receipt of the notice will be acknowledged in writing.

4. School Fees

- 4.1. Fees cover the full cost of tuition, exercise books, and learning materials. They also cover the cost of participation in the sports programme unless otherwise stated in writing.

- 4.2. School fees do not include external examination fees or specified activity costs or medical expenses.
- 4.3. The School reserves the right to increase the published fees.
5. Responsibilities of the Establishment
- 5.1. All items of school uniform must be clearly and permanently labeled. The school accepts no responsibility for lost property.
- 5.2. Personal effects of students are not insured by the School and as such no responsibility can be accepted for the loss of such items.
- 5.3. The School is not responsible for the student out of school hours unless the student is there at the request of the School (e.g. for extracurricular activities)
6. Consents
- 6.1. I hereby give my permission for the above mentioned Student to attend swimming lessons and all other Physical Education lessons given as an intrinsic part of the curriculum of the School. I agree that the Student will not participate in these programmes where he/she suffers ill health and that I will inform the School in writing.
- 6.2. I understand that the above named student will be required to attend and participate in all activities and lessons that are an intrinsic part of the curriculum without fail and that, should there be known reasons for non-participation, the same should be communicated in writing well in advance.
- 6.3. I hereby give my permission for the above named student to participate in any activities offered by the school as an intrinsic part of the curriculum of the school, which may take place outside the school premises. These may include visits to other schools or institutions, local or international companies/facilities/installations or any other place of interest.
- 6.4. I further understand that, if the student's behavior/words or actions are adjudged to be such that they may lead to the causing of an accident, an embarrassment or to be otherwise unacceptable to the school, then the school reserves the right to prevent the student, after all the corrective measures have been exhausted and after fair procedure, from participating in any or all activities that it offers or provides.
- 6.5. I understand that the school may, at its discretion, take moving or still images of the student during participation in programmed events. I hereby give my consent, where this happens, for these images to be used as appropriate and with due diligence by the school.
- 6.6. I hereby give my permission for my child to be transported in a private or hired vehicle or other reputable source of transportation engaged by KCCL, at any time during the term and for outings or extracurricular activities.

J. Declaration

I/WE SEPARATELY AND JOINTLY HEREBY CERTIFY THAT THE INFORMATION SUPPLIED HEREIN BY ME/US IS, TO THE BEST OF MY/OUR KNOWLEDGE CORRECT AND ACURATE IN EVERY DETAIL. I/WE FURTHER DECLARE THAT WE HAVE READ, CLEARLY UNDERSTOOD AND FULLY AGREE TO BE BOUND BY THE TERMS AND CONDITINS HEREIN PROVIDED. I/WE UNDERSTAND THAT THIS IS A CONTRACTUAL AGREEMENT.

FATHER/GUARDIAN: _____ SIGNED: _____ DATE: _____

MOTHER/GUARDIAN: _____ SIGNED: _____ DATE: _____

FOR OFFICIAL USE ONLY		
Admission form received on: day _____ month _____ year _____	Person receiving form:	
Proposed date of entry: day _____ month _____ year _____	Year group:	
Documents Received:	Received: Yes or No	Received By:
Birth certificate		
School leaving certificate or letter		
Academic school report		
Admission fee (Ksh. 10,000)	Receipt number:	
Admission authorized by letter on:	Head teacher's signature:	



Learning Differently